



**APPLICATION TO COACH
WINGC SOCCER CLUB
PO Box 41534 Plymouth, MN 55441
(O)763-535-4536 (F)763-535-4687
E-mail: manny.sanchez@wings-sc.org**

Current and new coaches wishing to coach for the Wings Soccer Club should complete Section I and II of this application. Any questions should be directed to the Wings SC Director of Coaching Manny Sanchez.

SECTION I RESUME/QUALIFICATIONS

Section I should be completed by all Coaching applicants

PART A. PERSONAL INFORMATION

Name: _____ Shirt Size: _____ Short Size: _____ Warm-up Size: _____

E-Mail Address: _____

(Please provide an email address. This will be our #1 method of communication.)

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Address: _____ City/State/Zip: _____

PART B. CURRENT Wings SC TEAM

Team Name (e.g.: Wings SC U18 C1 Boys): _____

PART C. LICENSES/CERTIFICATIONS

License Level: _____ Agency (USSF/NSCAA/Foreign): _____ Date Completed _____

License Level: _____ Agency (USSF/NSCAA/Foreign): _____ Date Completed _____

Other Certifications: _____ Certifying Agency: _____ Date Achieved: _____

PART D. SOCCER COACHING/TRAINING EXPERIENCE

School, Club, or Association: _____ City/State: _____

Age Group: _____ Boys or Girls? _____ Years Coached: _____

School, club, or association: _____ City/State: _____

Age Group: _____ Boys or Girls? _____ Years Coached: _____

School, club, or association: _____ City/State: _____

Age Group: _____ Boys or Girls? _____ Years Coached: _____

PART E. SOCCER PLAYING EXPERIENCE

High School: _____ Position: _____ Yrs Played: _____

College: _____ Position: _____ Yrs Played: _____

Amateur Team: _____ Position: _____ Yrs Played: _____

Professional Team: _____ Position: _____ Yrs Played: _____

PART F. REFERENCES

1. Name: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

2. Name: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

3. Name: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

SECTION II. AGREEMENT

Section II should be completed and signed by all Coaching Applicants

By signing below, I certify that:

All my responses and representations set forth in this application are true and correct.

I understand that the Wings Soccer Club intends to deny permission to coach Wings players to any person who has been indicted or prosecuted for crimes of violence, crimes against children, drug and/or alcohol related crimes.

I have never been indicted and/or prosecuted of any felony, crime of moral turpitude, or crime of violence, and I have no drug or alcohol addiction.

I agree that I will abide by all present and future rules, policies and by-laws of Wings SC and all policies and guidelines of the Minnesota Youth Soccer Association (MYSA).

I will abide by the Wings Coaching Code of Ethics, which I will sign upon becoming a Wings Coach.

Signature

Date